

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

HECTOR WILFREDO CARDWOOD CRUZ
GRISEL MARIA BURGOS BARRETO

DEBTOR:

CASE NO. 05-12157(SEK)

CHAPTER 13

**MOTION REQUESTING HARDSHIP DISCHARGE
PURSUANT TO 11 U.S.C. 1328(b)**

TO THE HONORABLE COURT:

COMES NOW: HECTOR WILFREDO CARDWOOD CRUZ and GRISEL MARIA BURGOS BARRETO, through the undersigned attorney who respectfully pray and state as follows:

1. Debtor filed a Chapter 13 petition on October 15, 2005.
2. On May 8th, 2006 the Chapter 13 Plan was confirmed (Docket #31) with a base of \$80,435.00.
3. Debtor has made payments according to the plan that amount to \$56,635.00 for a 70% paid of the plan base. (See attached Exhibit #1).
4. 11 U.S.C. §1328(b) grants a hardship discharge to a debtor who has not completed all payments under a plan if (1) the reason for failure to complete the payment was not within the debtor's control; (2) the payments to creditors under the plan equaled at least as much as they would have received in a Chapter 7; and (3) it would be impractical to modify the plan. 11 U.S.C. §1328(b) (1), (2), (3). See *In re Fietz*, 852 F.2d 455 (9th Cir. 1988) (hardship discharge requires evidence demonstrating that all three elements are fulfilled). The hardship discharge is not as

broad in its scope as a full performance discharge. Specifically, the hardship discharge only applies to nonpriority unsecured claims provided for in the plan and does not discharge either (1) those long-term debts in which the payment is not due until after the final payment under the plan; or (2) the entire array of nondischargeable debts covered in 11 U.S.C. § 523. 11 U.S.C. §1328 (c) (1), (2). See *In re Graham*, 63 Bankr. 95 (Bankr. E.D. Pa. 1986) (Chapter 13 debtor dies, only a few payments left - probate estate will get a hardship discharge).

5. The liquidation value as of the date of filing was \$0.00 as per copy attached of standing Chapter 13 Trustee 341 Meeting minutes and report on confirmation dated May 8, 2008. (See Exhibit # 2 attached).

6. In addition debtor's husband suffered a dramatic reduction in his income between the time of filing the Chapter 13 petition compared to the present. (See Exhibit 3 attached, copy of Voucher of Income for 2008), which makes it impossible to continue with the plan of payments.

7. The above are circumstances beyond debtor's control.

WHEREFORE, it is respectfully requested from this Honorable Court to GRANT a hardship discharge.

RESPECTFULLY SUBMITTED:

In San Juan, Puerto Rico, this 23rd day of September, 2009.

NOTICE TO PARTIES

NOTICE IS HEREBY GIVEN THAT, if within 30 days no complaint pursuant to Bkr. 4007 is filed to determine the dischargeability of any debt after Notice is filed by

any creditor, the court shall enter an order granting discharge pursuant to 11 U.S. C. §1328(b) without hearing.

CERTIFICATE OF SERVICE: I hereby certify that on this same date I electronically filed the foregoing Motion and Notice with the Clerk of the Court using CM/ECF System which will send Notice of such filing to U.S. Trustee, Edificio Ochoa, 500 Tanca Street, Suite 301, San Juan, Puerto Rico 00901-1922; Trustee, José Ramón Carrión Morales, Esq., e-mail ecfmail@ch13-pr.com; and to all creditors and parties in interest as per attached Master Address list.

S/ Winston Vidal-Gambaro
WINSTON VIDAL GÁMBARO
USDC-P.R. 130401
P. O. Box 193673
San Juan, P R 00919-3673
Tel. (787) 751-2864
Fax (787) 763-6114
e-mail wvidal@prtc.net

Label Matrix

Case 05-12157-SK7
District of Puerto Rico
Old San Juan

PRAMCO CV7
C/O TIMOTHY SHEEHAN
230 CROSSKEYS OFFICE PARK
FAIRPORT, NY 14450-3510

US Bankruptcy Court District of P.R.
U.S. Post Office and Courthouse Building
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADOS
PO BOX 70101
SAN JUAN, PR. 00936-8101

BANCO POPULAR DE PUERTO RICO
PO BOX 70354
SAN JUAN, PR 00936-8354

Banco Popular de Puerto Rico-Special Loans
PO Box 362708
San Juan, PR 00936-2708

CORPORACION DEL FONDO DEL SEGURO DEL ESTADO
PO BOX 858
CAROLINA, PR. 00986-0858

CRIM
PO BOX 195387
SAN JUAN, PR. 00919-5387

DEPARTMENT OF TREASURY BANKRUPTCY SECTION
PO BOX 9024140
SAN JUAN, PR. 00902-4140

FUTA
MERCANTIL PLAZA BLDG R-2
AVENIDA PONCE DE LEON
SAN JUAN, PR. 00918-1693

BANCO POPULAR DE PUERTO RICO
SPECIAL LOANS DEPARTMENT
MIGDALIA EFFIE GUASP
PO BOX 362708
SAN JUAN, PR 00936-2708

RG MORTGAGE CORP
WALLACE VAZQUEZ SANABRIA
17 CALLE MEXICO SUITE D-1
SAN JUAN, PR 00917-2202

ALLIED WASTE (BFI)
5858 WESTHEIMER RD, SUITE 500
HOUSTON, TX 77057-5645

AUTORIDAD DE ENERGIA ELECTRICA
PO BOX 363508
SAN JUAN, PR. 00936-3508

BANCO SANTANDER DE PUERTO RICO
PO BOX 362589
SAN JUAN, PR. 00936-2589

CARIBE FINE FOODS
PO BOX 10585
SAN JUAN, PR 00922-0585

COUNTERFORCE USA
EDIFICIO NORTE 714
AVE. 65 DE INFANTERIA
RIO PIEDRAS, PR. 00924

DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMANOS
PO BOX 191020
SAN JUAN, PR. 00919-1020

EFRAIN EQUIPMENT
EFRAIN RAMOS
AVE. DE DIEGO 788
CAPARRA TERRACE, PR 00920

GELATERIA ITALIANA, INC
PO BOX 3232
CAROLINA, PR. 00984-3232

POPULAR AUTO
YASMIN R VAZQUEZ ESQ
PO BOX 366818
SAN JUAN, PR 00936-6818

ROUNDUP FUNDING LLC
MS 550
PO BOX 91121
SEATTLE, WA 98111-9221

ASOCIACION DE RESIDENTES DE PASEO DEL PRADO
PO BOX 190249
SAN JUAN, PR. 00919-0249

B-Line, LLC/Sherman Acquisition, LLC
SEARS - CITI-SEARS
Mail Stop 550
2101 Fourth Ave., Suite 1030
Seattle, WA 98121-2317

BANKERS CLUB OF PR
PO BOX 362678
SAN JUAN, PR. 00936-2678

CITIFINANCIAL RETAIL SERVICE
PO BOX 22060
TEMPE, AZ. 85285-2060

CRESCA CORPORATION
PMB 92 PO BOX 71325
SAN JUAN, PR 00936-8425

DEPARTMENT OF TREASURY
Bankruptcy Section (424-B)
PO Box 9024140
San Juan, Puerto Rico 00902-4140

FEDERICO RAMIREZ GARRATON
PO BOX 10585
SAN JUAN, PR 00922-0585

GETZ GENERATOR & ELECTRIC TECHNICIAN SERVICE
CALLE CANARIA Q-22
JARDINES DE BORINQUEN
CAROLINA, PR 00985-4238

GOBIERNO MUNICIPAL AUTONOMO DE CAROLINA
APARTADO 8
CAROLINA, PR 00986-0008

HELAPAN, INC.
PO BOX 128
CATAO, PR 00963-0128

IDEAL PRODUCE
CALLE LILA N-33
TERRAZAS DE GUAYNABO
GUAYNABO, PR. 00969

INTERNAL REVENUE SERVICE
MERCANTIL PLAZA BLDG R-2
AVENIDA PONCE DE LEON
SAN JUAN, PR. 00918-1693

JC PENNEY
PO BOX 960001
ORLANDO, FL. 32896-0001

JOSE SANTIAGO
PO BOX 191795
SANJUAN, PR. 00919-1795

MAXIMO MOLINA
PMB 182 PO BOX 194000
SAN JUAN PR. 00919-4000

MILLER DISTRIBUTORS
PO BOX 7
AIBONITO, PR 00705-0007

NATIONAL CONSULTANT MANAGEMENT, INC
PO BOX 22813
UPR STATION, SAN JUAN, P.R 00931-2813

POPULAR AUTO
CONSUMER BANKUPTCY DEPT
PO BOX 366818
SAN JUAN PR 00936-6818

POPULAR AUTO
PO BOX 15011
SAN JUAN, PR. 00902-8511

PRAMCO CV7, LLC
230 CROSSKEYS OFFICE PARK
FAIRPORT, NEW YORK 14450-3510

PUERTO RICO TELEPHONE COMPANY
PO BOX 71535
SAN JUAN, PR. 00936-8635

R & G MORTGAGE
GPO BOX 362394
SAN JUAN, PR 00936-2394

RG Mortgage Corporation c/o Wallace Vazquez
17 Mexico Street
Suite D-1
San Juan
Puerto Rico
00917-2202

SAMUEL BIGIO
TOP MEAT PROVISION CORP.
RAMOS MIMOSA # 1
GUAYNABO, PR 00966-1804

SEARS CARD
PO BOX 183001
COLUMBUS, OH. 43218-3001

SUN COM WIRELESS
PO BOX 70888
CHARLOTTE, NC. 28272-0888

WORLD FINANCIAL CORPORATION
PO BOX 360438
SAN JUAN, PR. 00936-0438

GRISSEL MARIA BURGOS BARRETO
CALLE EUCALIPTO 7
URB PASEO DEL PRADO
CAROLINA, PR 00987-7600

HECTOR WILFREDO CARDWOOD CRUZ
CALLE EUCALIPTO 7
URB.PASEO DEL PRADO
CAROLINA, PR 00987-7600

JOSE RAMON CARRION MORALES
PO BOX 9023884
SAN JUAN, PR 00902-3884

MONSITA LECARON ARIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901-1938

WINSTON VIDAL-GAMBARO
WINSTON VIDAL LAW OFFICE
PO BOX 193673
SAN JUAN, PR 00919-3673

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)AUTORIDAD DE ENERGIA ELECTRICA
PO BOX 363508
SAN JUAN, PR 00936-3508

(d)Banco Popular de Puerto Rico-Special Loans
PO box 362708
San Juan, PR 00936-2708

(d)ROUNDUP FUNDING LLC
MS 550
PO BOX 91121
SEATTLE, WA 98111-9221



Informe sobre el Estado del Caso – Año 2008

Case Status Report –Year 2008

HECTOR WILFREDO CARDWOOD CRU
PASEO DEL PRADO
7 CALLE EUCALIPTO
CAROLINA, PR 00987

Fecha/Date: 1/7/2009
Número de Caso/Case Number: **05-12157**
Estado Actual del Caso/Case Status: **ACTIVE**
Fecha de Petición/Petition Date: 12/9/2005
Fecha Reunión Acreedores/341 Meeting Date: 04/06/2006
Fecha Límite Para Reclamaciones/Claims Bar Date: 07/05/2006
Balance en Caja/Balance on Hand: \$2,800.00
Fecha de Confirmación del Plan/Plan Confirmation Date: 6/5/2006

Nuestros records reflejan lo siguiente:
(Our records indicate the following:)

A la fecha de este estado la mensualidad de su plan confirmado (o aun no confirmado) es : (As of this date, the monthly payment of your confirmed plan (or not confirmed yet) is :	\$1,400.00
A la fecha de este estado, usted(es) ha(n) pagado al Síndico la cantidad de : (As of this date, you have paid to the Trustee a total amount of :	\$46,835.00
Desembolsos adicionales por Orden del Tribunal (no incluye desembolsos para acreedores) : (Additional disbursements by Order of the Court [not including disbursements to creditors] :)	\$3,701.79
Honorarios de Abogado pagados a través del Plan Confirmado : (Attorney Fees paid through the confirmed plan :)	\$400.00
Su abogado de record es: (Your Attorney on record is :)	WINSTON VIDAL*

No intente pre-pagar el balance de su plan de pago de Capítulo 13 sin antes consultarlo con su abogado.
(Do not try to pre-pay the total balance of your confirmed plan without consulting first your attorney.)

Favor revisar cuidadosamente la información que se le provee en el presente Estado del Caso, y déjenos saber, por escrito, cualquier duda o pregunta que pueda tener. Dirija su carta a la siguiente dirección:
(Please carefully review the information provided in this Case Status Report and let us know, in writing, any doubt or question that you may have. Send your letter to the following address.)

PO Box 9023884, Old San Juan Station, San Juan, PR 00902-3884

Recuerden que la dirección arriba mencionada, NO ES para enviar pagos. (The above address IS NOT for payments purposes.)

Para pagos usen la siguiente dirección. (For payments use the following address.): **PO Box 71541, San Juan PR 00936-8641**

También puede comunicarse con nosotros via correo electrónico a : customerservice@ch13-pr.com
(You can also contact us via electronic mail to : customerservice@ch13-pr.com)

Le incluimos un resumen por mes de los pagos recibidos por el Síndico durante el pasado año. También se incluye un resumen de las reclamaciones radicadas en su caso por sus acreedores, y los pagos hechos por el Síndico a dichos acreedores, durante el mismo período, de acuerdo al Plan Confirmado.

(We are including a monthly summary of the payments received by the Trustee during the last year. Also, we have included a summary of the claims filed by your creditors in the present case, and the payments made by the Trustee to said creditors, within the period, according to the Confirmed Plan.)

Resumen mensual de pagos recibidos en el Año 2008 (Monthly Summary of payments received in 2008)

Enero:	\$1,400.00	Mayo:	\$700.00	Septiembre:	\$0.00
Febrero:	\$0.00	Junio:	\$700.00	Octubre:	\$9,800.00
Marzo:	\$700.00	Julio:	\$0.00	Noviembre:	\$1,400.00
Abril:	\$700.00	Agosto:	\$0.00	Diciembre:	\$2,800.00

NO ESTAMOS AUTORIZADOS A CONTESTAR PREGUNTAS POR TELEFONO. POR FAVOR, NO LLAME. ESCRIBANOS A LA DIRECCION INDICADA.
WE ARE NOT AUTHORIZED TO ANSWER QUESTIONS THROUGH THE TELEPHONE. PLEASE DO NOT CALL. WRITE US TO THE INDICATED ADDRESS.

Exhibit L

2009

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
www.moneygram.com

DATE/AMOUNT

10191332032 11/13/08
137 NN \$1000.00

998104207810002 02

RECEIPT
RECIBO

R101913320322

EMPLOYEE
715 (1/07) 700/14000
M 93109-P

▼ DETACH HERE ▼

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

2009

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
www.moneygram.com

DATE/AMOUNT

10191331244 10/14/08
092 YN \$400.00

998104207810002 01

RECEIPT
RECIBO

R101913319640

EMPLOYEE
715 (1/07) 700/14000
M 93109-P

▼ DETACH HERE ▼

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

2009

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
www.moneygram.com

DATE/AMOUNT

10191332218 03/02/09
073 YN *Mar 20 09* \$400.00

998104207810002 02

RECEIPT
RECIBO

R101913322181

EMPLOYEE
715 (1/07) 700/14000
M 93109-P

▼ DETACH HERE ▼

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

2009

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
www.moneygram.com

DATE/AMOUNT

10191332228 03/04/09
099 NN \$1000.00

998104207810002 01

RECEIPT
RECIBO

R101913322280

EMPLOYEE
715 (1/07) 700/14000
M 93109-P

▼ DETACH HERE ▼

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

2009

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
www.moneygram.com

DATE/AMOUNT

10191332079 12/26/08
134 NN \$1000.00

998104207810002 02

RECEIPT
RECIBO

R101913320795

EMPLOYEE
715 (1/07) 700/14000
M 93109-P

▼ DETACH HERE ▼

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

2009

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
www.moneygram.com

DATE/AMOUNT

10191331948 10/06/08
092 NN \$400.00

998104207810002 02

RECEIPT
RECIBO

R101913319486

EMPLOYEE
715 (1/07) 700/14000
M 93109-P

▼ DETACH HERE ▼

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

Exhibit 1

Exhibit 1



CARRETERA 200 SECTOR CENTRAL
CARIBBEAN AIRPORT FACILITY, BLDG. 2
CAROLINA, PUERTO RICO 00979

OFFICIAL CHECK

63-8035/2670 0

NO.074623

DATE _____

AMOUNT

15 SEP 79

第 14 页

PAY ONE THOUSAND FOUR HUNDRED AND 00/100 DOLLARS

TO
THE
ORDER
OF

JOSE R GARRION***
RE: 05-12157

~~NON-NEGOTIABLE~~

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER

AUTHORIZED SIGNATURE

"074623" : 267080355:00000000000000008 L"

Exhibit 1

IN THE UNITED STATES BANKRUPTCY COURT, DISTRICT OF PUERTO RICO

IN RE: HECTOR WILFREDO CARDWOOD CRUZ
GRISSEL MARIA BURGOS BARRETO

Bkrty. No. 05-12157-SEK

Chapter 13

STANDING CHAPTER 13 TRUSTEE \$341 MEETING MINUTES
AND REPORT ON CONFIRMATION

Filing Date:	Dec 09, 2005	Meeting Date	May 08, 2006	Track No.	1
Days from petition date	150	Meeting Time	8:00 AM		
910 Days before Petition	6/13/2003	Chapter 13 Plan Date	Apr 11, 2006	<input type="checkbox"/> Amended.	
This is the	3	Scheduled meeting.	Plan Base:	\$80,435.00	
This is debtor(s)	1	Bankruptcy petition.	Confirmation Hearing Date:		Time:
Payment Received at meeting:	2774.00/100		Total Paid In:	\$2,061.00	

I. Appearances:		<input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference
<input checked="" type="checkbox"/> Debtor Present	<input checked="" type="checkbox"/> ID & Soc. OK	<input type="checkbox"/> Debtor Absent
<input type="checkbox"/> Joint Debtor Present	<input type="checkbox"/> ID & Soc. OK	<input type="checkbox"/> Joint Debtor Absent
Debtor(s) was/were	<input type="checkbox"/> Examined	<input type="checkbox"/> Not Examined under oath.
Attorney for Debtor(s)	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Substitute attorney:		
<input type="checkbox"/> Pro-se.		

<input checked="" type="checkbox"/> Creditor(s) present:	<input type="checkbox"/> None.
Total Pledge	
Declar Auto	
R-6 Mortgage	

II. Attorney's Fees as per R 2016(b) Statement		Attorney of record:	WINSTON VIDAL*
Total Agreed:	\$1,100.00	Paid Pre-Petition:	\$1,100.00
		Outstanding:	\$0.00
		THROUGH THE PLAN	

III. Trustee's Motion to Dismiss:	
<input type="checkbox"/> MTD: Debtor(s)	<input type="checkbox"/> Failed to appear; <input type="checkbox"/> Failed to commence payments; <input type="checkbox"/> Payment(s) default.
<input type="checkbox"/> MTD: If within	days debtor(s) fails file or/and submit documents and/or take action(s) identified in Part VI.

IV. Status of \$341 Meeting:	<input type="checkbox"/> CONTINUED	<input type="checkbox"/> NOT HELD	<input type="checkbox"/> CLOSED
Continued to:		Time:	

V. Trustee's Report on Confirmation	
Debtor(s) Income is	<input type="checkbox"/> Under <input type="checkbox"/> Above Median Income.
Liquidation Value:	
Commitment Period is	<input type="checkbox"/> 36 <input type="checkbox"/> 60 months. [§1325(b)(1)(B)]
Gen. Unsecured Pool:	
<input checked="" type="checkbox"/> Trustee recommends FAVORABLY the plan for confirmation.	
<input type="checkbox"/> Trustee OBJECTS the confirmation of the plan. (See grounds in part VI.)	

VI. Trustee's OBJECTIONS to Confirmation:	
<input type="checkbox"/> Plan Not dated. [FRBP Rule 3015(c)]	<input type="checkbox"/> Plan Payments Length exceeds 60 months. [§1325(d)]
<input type="checkbox"/> Plan NOT proposed in Good Faith. [§1325(a)(3)]	<input type="checkbox"/> Petition NOT filed in Good Faith. [§1325(a)(7)]

Exhibit 2

- ☒ **INSUFFICIENTLY FUNDED:** ☐ to pay 100% of 507 priority claims. [§1322(a)(2)]
- ☐ to pay what it proposes to pay. [§1325(a)(6)] ☐ to pay Gen. Unsecured Claims Pool / Means Test. [§1325(b)(1)(B)]
- ☐ Fails Creditor's Best Interest Test: [§1325(A)(4)] ☐ Plan Fails to Pay "Unsecured Pool" determined by the Means Test.

☐ **UNFAIR DISCRIMINATION:** [§1322(a)(3) & (b)(1)]

- ☐ **FEASIBILITY** [§1325(a)(6)] ☐ Default in payments to the Trustee. ☐ Default in payments to secured creditor.

- ☐ Need Evidence of Post Petition Income ☐ No EQUITY to pay proposed Lump Sum Payment
- ☐ Fails to provide for an allowed secured claim. ☐ There is/are no claim for creditor dealt in plan. [FRBP Rule 3021]
- ☐ Default in Post Petition DSO Payments.
- ☐ DSO Certification -- Up To Date in Post Petition Payments
- ☐ Business Monthly Report(s) for: _____
- ☐ License(s) issued by: _____
- ☐ Assume or Reject Lease / Executory contract. _____
- ☐ Appraisal of property on Schedule A and/or B. _____
- ☐ Need Evidence of Public Liability Insurance. ☐ Premises ☐ Auto(s)
- ☐ Fails to state insurance premium amount.

☐ **FAILS DISPOSABLE INCOME REQUIREMENTS:**

- ☐ Plan fails to comply with commitment period. [§1322(d) & §1325(b)(4)]
- ☐ Plan Fails to Pay "Unsecured Pool" determined by the Means Test.
- ☐ Debtor fails to commit all disposable income to fund the plan.
- ☐ Need Evidence of Deduction claimed in B22C
- ☐ Unreasonable Expenses ☐ Unwarranted Payroll Deductions.

§506 Claim s:

- ☐ Fails to provide for retention of lien.
- ☐ Fails to provide value as of effective plan date.
- ☐ Fails to provide for Equal Monthly Amount (EMA) payments to creditor.

☐ **ADEQUATE PROTECTION:** ☐ Fails to comply with GO 05-08 - Pre-Confirmation AP Payments.

- ☐ Fails to provide insurance coverage to secured claim provided in plan.

☐ Debtor(s) has/have not complied with tax returns requirements. [§1308]

☐ Debtor failed to comply with his/her/their duties under §521 and impair the performance of Trustee's duties under §1302(b).

- ☐ Need Amend Schedule(s) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ B22C

- ☐ Need to Amend: ☐ S.O.F.A. ☐ Need correction - Rule 2016 Statement and Fees under Plan does not coincide
- ☐ Need to provide DSO recipient name, address & phone number
- ☐ Need Information of where debtor(s) lived 730 days prior to petition: _____

☐ **OTHER/COMMENTS:**

Trustee / Presiding Officer

090800

COMPROBANTE DE RETENCION - WITHHOLDING STATEMENT

1. Nombre - First Name HECTOR W.		3. Núm. Seguro Social Social Security No. 582-27-2353		7. Sueldos - Wages 15225.00		17. Total Sueldos Seguro Social Social Security Wages 15225.00	
Apellido(s) - Surname(s) CARDWOOD CRUZ		4. Núm. de Ident. Patronal Employer Ident. No. (EIN) 66-0255133		8. Comisiones - Commissions		18. Seguro Social Retenido Social Security Tax Withheld 943.95	
Dirección Postal del Empleado - Employee's Mailing Address HECTOR W. CARDWOOD CRUZ URB. PASEO DEL PRADO C/EUCALIP #7 CAROLINA PR 00987		5. Fecha en que comenzó a recibir la pensión - Date on which you started to receive the pension Día Mes Año Day Month Year		9. Concesiones - Allowances		19. Total Sueldos y Pro. Medicare Medicare Wages and Tips 15225.00	
2. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address PANADERIA Y REPOSTERIA LA CEIBA INC. 1239 AVE. F.D. ROOSEVELT SAN JUAN PR 00920-2804		6. Costo de Pensión o Anualidad Cost of Pension or Annuity		10. Propinas - Tips		20. Contrib. Medicare Retenido Medicare Tax Withheld 220.76	
Número de Teléfono del Patrono Employer's Telephone Number (787) 782-0419		Copia B para Planilla del Empleado Copy B for Employee's Tax Return Año: 2008 Year:		11. Total = 7 + 8 + 9 + 10 15225.00		21. Propinas Seguro Social Social Security Tips	
Fecha Cese de Operaciones: Día Mes Año Cease of Operations Date: Day Month Year				12. Gastos Reembolsados Reimbursed Expenses		22. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips	
Número Control - Control Number 13125007				13. Cont. Retenida - Tax Withheld		23. Contrib. Medicare no Retenido en Propinas - Uncollected Medicare Tax on Tips	
				14. Fondo de Retiro - Retirement Fund			
				15. Aportaciones a Planes Cualif. Contributions to CODA PLANS			
				16. Salarios bajo Ley Núm. 324 de 2004 Salaries under Act No. 324 of 2004			
Instrucciones al dorso - Instructions on back							

Conservación: Díaz (10) años a partir de la fecha de redacción en el Negociado de Procesamiento de Planillas.
Retention: Ten (10) years from the filing date in the Returns Processing Bureau.

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Formulario **480.6B**

Form
Rev. 06.06

DECLARACION INFORMATIVA - INGRESOS SUJETOS A RETENCION
INFORMATIVE RETURN - INCOME SUBJECT TO WITHHOLDING

Uso Oficial - Official Use

AÑO CONTRIBUTIVO:
TAXABLE YEAR: **08**

☐ Duplicado
Duplicate

☐ Enmendado: (MP / MM / AA)
Amended: (MD / MM / AA)

Número de Serie

INFORMACION DEL AGENTE RETENEDOR - WITHHOLDING AGENT'S INFORMATION		Base de Retención - Type of Income	
Número de Identificación Patronal - Employer Identification Number 660550909		1. Pagos por Servicios Prestados por Individuos Payments for Services Rendered by Individuals 2,335.00	
Nombre - Name UNIVERSIDAD DE PR EN CAROLINA		2. Pagos por Servicios Prestados por Corporaciones o Entidades - Payments for Services Rendered by Corporations and Entities	
Dirección - Address APARTADO 4800 CAROLINA PR 00984-4800		3. Pagos por Indemnización Judicial o Extrajudicial Payments for Judicial or Extrajudicial Indemnifications	
Código Postal - Zip Code		4. Rendimientos - Dividends	
582272353		5. Distribuciones de Sociedades Participación Distribuciones	
Nombre - Name HECTOR W. CARDWOOD		6. Ingresos Exento IRA y Cuenta de Ahorro Educación - Income (EXCEPT IRA and Contributions to Education Savings)	
Dirección - Address URB. PASEO DEL PRADO #7 EUCALIPSO CAROLINA CAROLINA PR 00987		7. Dividendos de Ingresos de Fomento Industrial Industrial Development Income (Act 26 of June 2, 1975)	
Código Postal - Zip Code		8. Dividendos de Ingresos de Fomento Industrial Industrial Development Income (Act 6 of January 4th, 1997)	
Número de Cuenta Bancaria - Bank Account Number		9. Otros Pagos Other Payments	
Número Control - Control Number UPR 6321937			

VEA INSTRUCCIONES AL DORSO - SEE INSTRUCTIONS ON BACK

Exhibit 3

090809

COMPROBANTE DE RETENCION - WITHHOLDING STATEMENT

DEPARTMENT OF THE TREASURY INFORMATION

SOCIAL SECURITY INFORMATION

090809

1. Nombre - First Name HECTOR		3. Núm. Seguro Social Social Security No. 582-27-2553		7. Sueldos - Wages 16,560.90		17. Total Sueldos Seguro Social Social Security Wages 16,560.90	
2. Apellido(s) - Surname(s) CARDWOOD		4. Núm. de Ident. Patronal Employer Ident. No. (EIN) 66-0699404		8. Comisiones - Commissions 0.00		18. Seguro Social Retenido Social Security Tax Withheld 1,026.77	
Dirección Postal del Empleado - Employee's Mailing Address 1077 ASHFORD AVE SAN JUAN PR 00907		5. Fecha en que comenzó a recibir la pensión - Date on which you started to receive the pension Día ____ Mes ____ Año ____ Day ____ Month ____ Year ____		9. Concesiones - Allowances 0.00		19. Total Sueldos y Pro. Medicare Medicare Wages and Tips 16,560.90	
2. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address SAN JUAN RESTAURANTS GROUP COR HOTEL LA CONCHA 1077 ASHFORD AVE SAN JUAN PR 00907		6. Costo de Pensión o Anualidad Cost of Pension or Annuity 0.00		10. Propinas - Tips 0.00		19. Total Sueldos y Pro. Medicare Medicare Wages and Tips 16,560.90	
Número de Teléfono del Patrono Employer's Telephone Number 787-767-7100		Copia B para Planilla del Empleado Copy B for Employee's Tax Return Año: 2008 Year: 2008		11. Total = 7 + 8 + 9 + 10 16,560.90		20. Contrib. Medicare Retenida Medicare Tax Withheld 240.07	
Fecha Cese de Operaciones: Día ____ Mes ____ Año ____ Cease of Operations Date: Day ____ Month ____ Year ____				12. Gastos Reembolsados Reimbursed Expenses 0.00		21. Propinas Seguro Social Social Security Tips 0.00	
Número Control - Control Number A06634138				13. Cont. Retenida - Tax Withheld 1,732.91		22. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips 0.00	
Instrucciones al dorso - Instructions on back				14. Fondo de Retiro - Retirement Fund 0.00		23. Contrib. Medicare no Retenida en Propinas - Uncollected Medicare Tax on Tips 0.00	
				15. Aportaciones a Planes Cualific. Contributions to CODA PLANS 0.00			
				16. Salarios bajo Ley Núm. 324 de 2004 Salaries under Act No. 324 of 2004 0.00			

Concederáse: Diez (10) años a partir de la fecha de redacción en el Negociado de Procesamiento de Pielarias.

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Viene obligado a rendir planilla de contribución sobre ingresos:

- * *todo individuo soltero (o casado, pero que no viva con su cónyuge), que durante el año contributivo tuviera un ingreso bruto de más de \$3,300;*

[illegible]
$$A_{\text{eff}} = \frac{\sum_{i=1}^n A_i}{n} = \frac{1}{n} \sum_{i=1}^n A_i$$

Individual tax returns must be filed by

- * **Survey included single taxpayers who were not in line with higher earners, who during the taxable year had a gross income of more than \$250,000.**

[illegible]

cost of prosecution

Exhibit 3